



September 2013

[Name]
[Address]
[City, State, Zip]

Important Information about your MEDICAL ASSISTANCE (Medicaid)

You are receiving this letter because you currently receive **Medicaid** services. Medicaid pays for the care you receive in a nursing home.

The RI Medicaid Program is offering you a choice to enroll in one of two new programs for your Medicaid services: **Rhody Health Options** or **Connect Care Choice Community Partners**. Some people may be eligible to enroll in a third program, **PACE**. All three programs are designed to improve your health care services, coordinate services, and let you know about your options.

You are *not* required to enroll (enrollment is voluntary) but we think you may like some of the new services. We have selected a program for you:

You will be automatically enrolled in {Health Plan or CCCCP} for your Medicaid services on November 1, 2013 if we don't hear from you by October 7, 2013.

If you are happy with the program we have selected for you, you don't have to do anything. If you would like to switch to a different program or stay with the program you currently have (Medicaid fee-for-service), you must call us at the **Enrollment Help Line at 1-855-444-3604 by October 7, 2013.**

Please Note:

- If you are currently living in a nursing home, you can continue to live in this nursing home.
- If you have Medicare, Part D Prescription Drug coverage, or Medicare Advantage, this will not change.

Have Questions?

See the enclosed information. We can talk to you or a family member about your options. If you would like to speak to someone in person, please call the Enrollment Help Line for a list of places to go for more information.

Call the Enrollment Help Line at 1-855-444-3604 (toll-free), Monday – Friday 9:00 am – 6:00 pm